

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1						
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49						
50						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

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	IND.	DER.	IND.	DER.	IND.	DER.
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98						
99						
100						
TOTAL IND.		3				
TOTAL DER.		34				
TOTAL CLAIMS		27				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS